RI SOS Filing Number: 201745345810 Date: 6/12/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation					
26294	American Civil Liberties Union Foundation of Rhode Island					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	To protect and defend civil liberties through educative and litigative means.					
4. NAICS Code	1					
813311 - Human Rights (
6. Principal Office Address			City	State	Zip	
128 Dorrance Street, Suite 400			Providence	RI	02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Cherie L. Cruz			Vice-President Name Maureen E. Dunnigan			
Street Address 128 Dorrrance Street, Suite 400			Street Address 128 Dorrance Street, Suite 400			
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903	
Secretary Name Craig Cerwonka			Treasurer Name Debbie Flitman			
Street Address 128 Dorrance Street, Suite 400			Street Address 128 Dorrance Street, Suite 400			
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name John Blakeslee			Director Name Carolyn Mannis			
Street Address 128 Dorrance Street, Suite 400			Street Address 128 Dorrance Street, Suite 400			
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903	
Director Name H. Jefferson Melish			Director Name Anne Mulready			
Street Address 128 Dorrance Street, Suite 400			Street Address 128 Dorrance Street, Suite 400			
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative Oherie L Cruz				Date (6/9/	Date 6/9/2017	
Signature of Officer/Authorized Representative						
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 631 - Revised: 05/2017